
Sample Employer Letter

Company Letterhead

Must include the following information:

Name of Employer/Company
Name (of person writing letter)
Address
City, State, Zip
Telephone number

Today's Date

Healthy Families/Medi-Cal for Families
P.O. Box 138005
Sacramento, CA 95813-8005

Dear Medi-Cal/Healthy Families:

I certify that (Name of person receiving income or employee) is an employee of (company name). (Employee's name) gross income for this pay period is \$_____ and frequency of pay is (once a week, twice monthly, every two weeks, once a month). This letter does not guarantee employment or wages.

I certify that the information presented in this letter is true and correct.

Sincerely,

Name
Job Title or Position

HF Sample Employer Letter 04/23/2007

Note: The pay period must be within 45 days of the date the application is received at the Single Point of Entry.